WISCONSIN WELL WOMAN PROGRAM
REIMBURSEMENT RATES
EFFECTIVE 04/01/2005 – 03/31/2006

Procedure Code	Current Procedural Terminology (CPT) Description	Reimbursement Rate	Multiple Units Yes/No	Modifier Yes/No	Professional (26)	Technical (TC)
PREVENTIVE MEDICINE OV – Use these codes for health and evaluation of risk profile for depression, domestic violence, hypertension, cardiovascular disease, diabetes, osteoporosis, and comprehensive exams including Pap and annual CBE. **One** visit per **client per provider per year**. If client sees **GYN** provider for Pap-Pelvic-CBE then may be referred for **2nd** Preventive office visit for remaining screenings.						
99385	Initial Ages 35-39	$56.96	No	No		
99386	Initial Ages 40-64	$57.43	No	No		
99387	Initial Ages 65 and Over	$54.69	No	No		
99395	Established Ages 35-39	$56.96	No	No		
99396	Established Ages 40-64	$56.96	No	No		
99397	Established Ages 65 and Over	$56.96	No	No		
EVALUATION AND MANAGEMENT – For follow-up breast, cervical, or blood pressure check						
99201	Initial – 10 minutes	$35.11	No	No		
99202	Initial – 20 minutes	$62.51	No	No		
99203	Initial – 30 minutes	$93.05	No	No		
99211	Established – 5 minutes	$20.40	No	No		
99212	Established – 10 minutes	$36.86	No	No		
99213	Established – 15 minutes	$50.45	No	No		
CONSULTATION OV – Consultation OV can be used to determine further **breast** diagnostic studies only (no other consultation visits are covered under the WWWP)						
99241	15 minutes	$48.60	No	No		
99242	30 minutes	$88.30	No	No		
99243	40 minutes	$117.75	No	No		
ANESTHESIA (see billing directions)						
00400 + modifier	Use CPT code + modifier	$17.26 per unit	Yes	Yes		
19100 + modifier			Yes	Yes		
19101 + modifier	Modifier / Reimbursed at % of Same Service if Provided by One Physician		Yes	Yes		
19102 + modifier			Yes	Yes		
19103 + modifier	AA 100%		Yes	Yes		
19120 + modifier	QZ 100%		Yes	Yes		
19125 + modifier	QK 50%		Yes	Yes		
19126 + modifier	QY 50%		Yes	Yes		
19290 + modifier	QX 50%		Yes	Yes		
19295 + modifier			Yes	Yes		
DEPRESSION – Assess as part of the Preventive Medicine evaluation. (See Preventive Medicine Office Visit above) Code listed to be used when initial assessment determines need for referral.						
90801	Psychiatric Diagnostic Consult	$149.18	No	No		

WISCONSIN WELL WOMAN PROGRAM
REIMBURSEMENT RATES
EFFECTIVE 04/01/2005 – 03/31/2006

Procedure Code	Current Procedural Terminology (CPT) Description	Reimbursement Rate	Multiple Units Yes/No	Modifier Yes/No	Professional (26)	Technical (TC)
DOMESTIC ABUSE – Assess as part of the Preventive Medicine Evaluation. (See Preventive Medicine Office Visit above)						
CARDIOVASCULAR RISK: DYSLIPIDEMIA and HYPERTENSION						
36415	Venipuncture	$3.00	No	No		
80061	Lipid Panel (TC/LDL/HDL/TTGS)	$18.72	No	No		
99211	Blood Pressure recheck	$20.40	No	No		
DIABETES						
36415	Venipuncture	$3.00	No	No		
82947	FBG or Random Sample	$5.48	No	No		
82950♦	**OGT**	$6.64	No	No		
OSTEOPOROSIS – Assess risk as part of the Preventive Medicine Evaluation. (See Preventive Medicine Office Visit codes above)						
ALLOWABLE BREAST SCREENING AND DIAGNOSTICS						
Radiology, use **TC** or **26** modifier as appropriate.						
76092	Screening Mammogram	$80.65	No	Yes	$35.48	$45.17
76090	Diagnostic Mammogram (Unilateral)	$74.04	Yes *	Yes	$35.48	$38.56
76091	Diagnostic Mammogram (Bilateral)	$91.94	Yes *	Yes	$43.97	$47.97
76095	Stereotactic localization each lesion	$342.96	Yes	Yes	$81.16	$261.80
76096	Mammogram guidance for needle placement, breast	$76.39	Yes	Yes	$28.42	$47.97
76098	Radiological Exam Surgical Specimen	$23.42	Yes	Yes	$8.11	$15.31
76645	Breast Ultrasound, unilateral and/or bilateral	$65.93	Yes *	Yes	$27.37	$38.56
76942	Ultrasound guidance for needle biopsy	$135.39	Yes	Yes	$33.99	$101.39
19000	Puncture Aspiration of Breast Cyst surgical only	$103.56	No	No		
19001	Puncture Aspiration of Cyst, each additional lesion	$25.87	Yes	No		
19100	Breast Biopsy, percutaneous surgical only	$125.76	Yes	No		
19101	Biopsy of Breast Open Incisional	$289.47	Yes	No		
19102	Percutaneous, Needle Core, Using imaging guidance	$214.10	Yes	No		
19103	Percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance	$551.17	Yes	No		
19120	Excision of Cyst, Fibroadenoma, etc.	$390.87	No	No		
19125	Excision of Breast Lesion identified by preop placement of radiological marker – open single lesion	$420.31	Yes	No		
19126	Excision of Breast Lesion, identified by preop placement of radiological marker – each additional lesion	$157.43	Yes	No		
19290	Preop placement of needle localization	$150.32	No	No		

WISCONSIN WELL WOMAN PROGRAM
REIMBURSEMENT RATES
EFFECTIVE 04/01/2005 – 03/31/2006

Procedure Code	Current Procedural Terminology (CPT) Description	Reimbursement Rate	Multiple Units Yes/No	Modifier Yes/No	Professional (26)	Technical (TC)
19291	Each additional lesion	$67.44	Yes	No		
19295	Image guided placement metallic localization clip	$94.50	Yes	No		
10021	Fine Needle Aspiration (FNA), without guidance	$126.41	Yes	No		
10022	FNA, with guidance	$139.47	Yes	No		
99070	Supplies and materials provided by physician over and above those usually included with the office visit or other services rendered (list)	$16.04	Yes	No		
BREAST LAB						
Use **TC** or **26** modifier as appropriate.						
88172	Evaluation of FNA	$49.50	Yes	Yes	$32.44	$17.06
88173	Interpretation and Report of FNA	$129.71	Yes	Yes	$74.83	$54.88
88305	Surgical Path. Interpretation from breast	$97.40	Yes	Yes	$40.88	$56.52
88307	Breast excision lesion – requiring microscope evaluation	$174.15	Yes	Yes	$85.87	$88.29
88331	First tissue block, with frozen sections(s) single specimen	$86.01	No	Yes	$64.15	$21.86
88332	Each additional tissue block with frozen section	$39.67	Yes	Yes	$31.71	$7.95
CERVICAL CANCER SCREENING						
88164, p3000	Pap Test (Routine Screening) Bethesda System	$14.76	No	No		
88141, p3001	Pap Test/Diagnostic (Interpretation by Physician)	$21.77	No	No		
88142	Thin Prep **(reimbursed @ conventional Pap rate)**	$14.76	No	No		
87621	HPV Hybrid II Capture from Digene – HPV test High Risk Only	$49.04	No	No		
57452	Colposcopy w/o Biopsy	$106.76	No	No		
57454	Colposcopy with Biopsy and/or Endocervical Currettage	$154.11	No	No		
57455	Colposcopy with Biopsy(s) of Cervix	$142.83	No	No		
57456	Colposcopy with Endocervical Currettage	$134.48	No	No		
57505	Endocervical Currettage (not done as d & c)	$98.22	No	No		
88305	Surgical Pathology Colposcopy	$97.40	Yes	Yes	$40.88	$56.52
99070	Supplies and materials provided by physician over and above those usually included with the office visit or other services rendered (list)	$16.04	Yes	No		
Procedures not listed are not covered by WWWP. Providers need to discuss any uncovered services with clients before providing them.						
*** These few radiology CPT codes are eligible for multiple units on an exception basis only (e.g., after breast surgery, implants).**						
♦ Change to be consistent with WI DM Care Guidelines 2004						